

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ML</i>	<i>12</i>	<i>10-24-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>B2</i>	<i>503-883</i>	<i>10-24-01</i>
RESPONSE FORMALITY REVIEW	<i>H-S</i>	<i>466</i>	<i>03-08-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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749  
 10/24/01  
 503-571  
 03/08/02